<u> </u>	DECLARATIO	ON AND POWER OF AT	TORNEY
ATTORNEY DOCKET	r NO. <u>M61.12-0625</u>	THE POWER OF AL	MS DOCKET NO307679.01
As a below named inv	ventor, I hereby declare that:		
My residence/post of	fice address and citizenship are	as stated below next to	o my name:
I believe I am the orig	zinal, first and sole inventor (if a	only one name is lister	I helow) or an original flush and inter-
piurai names are liste	ed below) of the subject matter	' Which is claimed an	d for which a patent is cought on the income.
entitled: REPRESENT FORMAT	TATION OF A DELETED INTE	RPOLATION N-GRA	M LANGUAGE MODEL IN ARPA STANDARD
the specification of wh	nich is filed herewith unless the f	following box is check	ed.
() was filed	on as US Appli	cation Serial No. or PC	"I' International Application
Number	and was amen	ded on	(if amplicable)
I hereby state that I ha	ive reviewed and understood th	e contents of the above	e-identified execition including the -1:
amenued by any ame	nument(s) referred to above. I	acknowledge the dut	y to disclose all information which is material to
patentability as define	d in 37 CFR 1.56.		
Foreign Application(s) 4	/ Cl / CF: 1 P. 1		
I beteby claim foreign prior	or Claim of Foreign Priority	. Calabara and a	
below and have also ident	ified below any foreign application for	s Code Section 119 of any fo	oreign application(s) for patent or inventor(s) certificate listed ficate having a filing date before that of the application on
which priority is claimed:	, 5 11	——————————————————————————————————————	meate having a fifting date before that or the application on
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
<u> </u>			YES:NO:
			YES: NO:
POWER OF ATTORNEY:			
As a named inventor, I herel	by appoint the following attorney(s) and	d/or agent(s) associated wi	th .
		Customer No. 27366	
to prosecute this application	and transact all business in the Patent a	and Tradomark Office assess	Santa di Cara di Cara
	The second secon	THE TRACE IN CHICE COUNE	cted therewith.

Send Correspondence to:		Direct Telephone Calls To: 1		
Contact Name Firm Name Firm Address City, State and Zip	Theodore M. Magee Westman Champlin & Kelly 900 Second Ave. S., Ste. 1600 Minneapolis, MN 55402-3319	Contact Name Contact Phone Number	Theodore M. Magee 612-334-3222	

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. _M61.12-0625

MS DOCKET NO. 307679.01

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.